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In re Patent Application of:

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Tsutomu OKADA

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Examiner: Peter J. VRETTAKOS

For: HIGH-FREQUENCY INCISION DEVICE

VIA EFS WEB
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Interview Summary

Sir:

The following is a brief summary of the telephone interview initiated by Examiner Vrettakos on Monday, March 3, 2008. In response to the Examiner request for elaboration on the reasons for allowability of the present claims, Applicant notes that the combination of features recited in the independent claims of the present invention are neither taught nor suggested in the prior art.

For example, the prior art, taken singly or in any combination, does not teach or suggest the following combination of features recited in independent claim 10. These are an endoscopic treatment apparatus having an elongated sheath with a distal end portion and a through-hole which has an opening at the distal end portion; an elongated actuating member having a central axis, a distal end portion, and at least one elastic deformable portion provided at the distal end portion thereof, the actuating member being inserted into the through-hole of the sheath and movable relative to the sheath. A treatment section is connected to the elastic deformable portion of the actuating member, and is laterally extendable forming a loop when the treatment section is extended from the opening of the sheath by movement of the actuating member. The loop has a distal end, a proximal end, a loop central axis connecting the distal and proximal ends thereof, the loop being symmetric with respect to the loop central axis, and a loop plane including the loop central axis, the loop plane being substantially parallel with a moving axis of

the actuating member. The proximal end of the loop includes first and second curved proximal ends connecting the loop to the elastic deformable portion. The first and second curved proximal ends are asymmetric with respect to the loop central axis. The loop central axis of the loop is tilted against the moving axis of the actuating member at a tilting angle, by elastic deformation of the elastic deformable portion due to an inherent elastically restoring force, when the treatment section and distal end of the actuating member are extended from the opening of the sheath.

In addition, the prior art, taken singly or in any combination, does not teach or suggest the following combination of features recited in independent claim 16. These are an endoscopic treatment apparatus having an elongated sheath which is to be inserted into a body cavity, and an elongated direction. The sheath has a distal end portion and a through-hole which extends in the sheath along the elongated direction, and the distal end portion having an opening communicating with the through-hole. An elongated actuating member inserted into the sheath is movable relative to the sheath in the longitudinal direction, the actuating member having a central axis, a distal end portion, and at least one elastic deformable portion provided at the distal end portion. A treatment section is connected to the elastic deformable portion of the actuating member, the treatment section being expandable for forming a loop which is laterally extended against the central axis of the actuating member by an elastic deformation of the elastic deformable portion by an inherent elastically restoring force, when the treatment section is extended from the opening of the sheath by movement of the actuating member. A loop central axis connects the distal end and the proximal end of the loop being kept to be substantially parallel or aligned with the central axis of the actuating member, when the treatment section is positioned in the through-hole of the sheath, the loop being symmetric with respect to the loop central axis. The proximal end of the loop comprises first and second curved proximal ends connecting the loop to the elastic deformable portion, the first and second curved proximal ends being asymmetric with respect to the loop central axis. The loop central axis is tilted against a moving axis of the actuating member, and a loop plane including the loop central axis is generally parallel with the moving axis of the actuating member.

Further, the prior art, taken singly or in any combination, does not teach or suggest the following combination of features recited in independent claim 25. These are an endoscopic treatment apparatus comprising an elongated sheath having a distal end portion and a through-

hole which has an opening at the distal end portion, with an elongated actuating member having a central axis, a distal end portion, and at least one elastic deformable portion provided at the distal end portion thereof. The actuating member is inserted into the through-hole of the sheath and movable relative to the sheath. A treatment section is connected to the elastic deformable portion of the actuating member, the treatment section being laterally extendable for forming a loop when the treatment section is extended from the opening of the sheath by movement of the actuating member. The loop has a distal end, a proximal end, a loop central axis connecting the distal and proximal ends thereof, and a loop plane including the loop central axis, the loop being symmetric with respect to the loop central axis, the loop plane being substantially parallel with a moving axis of the actuating member. The proximal end of the loop comprises first and second curved proximal ends connecting the loop to the elastic deformable portion, the first and second curved proximal ends being asymmetric with respect to the loop central axis. The loop central axis of the loop is tilted against the moving axis of the actuating member at a tilting angle, by elastic deformation of the elastic deformable portion due to an inherent elastically restoring force, when the treatment section and distal end of the actuating member are extended from the opening of the sheath.

In light of the foregoing, Applicant kindly solicits and early and favorable Notice of Allowability.

THIS CORRESPONDENCE IS BEING
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Respectfully submitted,



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